

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

16

Application Number	09/707,117
Filing Date	11/6/2000
First Named Inventor	Wolff, Jon A.
Art Unit	1632
Examiner Name	Michael C. Wilson
Attorney Docket Number	Mirus.018.02

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> RCE
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> supplemental information with declaration
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> declaration enclosed regarding supplemental information		

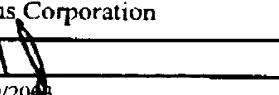
**FAX RECEIVED**

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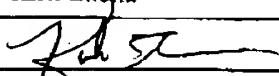
RECEIVED

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Mirus Corporation
Signature	
Date	05/09/2003

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kirk Ekena		
Signature		Date	05/09/2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL

## for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 375.00)

## Complete if Known

Application Number	09/707,117
Filing Date	11/6/2000
First Named Inventor	Wolff, Jon A.
Examiner Name	Michael C. Wilson
Group Art Unit	1632
Attorney Docket No.	Mirus.018.02

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20** =	<input type="text"/>	<input type="text"/>
Independent Claims	- 3** =	<input type="text"/>	<input type="text"/>
Multiple Dependent		<input type="text"/>	<input type="text"/>

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203	9
			Claims in excess of 20
102	84	202	42
			Independent claims in excess of 3
104	280	204	140
			Multiple dependent claim, if not paid
109	84	209	42
			** Reissue independent claims over original patent
110	18	210	9
			** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid. If greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
105	130	205	65
		Surcharge - late filing fee or oath	<input type="text"/>
127	50	227	25
		Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
139	130	139	130
		Non-English specification	<input type="text"/>
147	2,520	147	2,520
		For filing a request for ex parte reexamination	<input type="text"/>
112	920*	112	920*
		Requesting publication of SIR prior to Examiner action	<input type="text"/>
113	1,840*	113	1,840*
		Requesting publication of SIR after Examiner action	<input type="text"/>
115	110	215	55
		Extension for reply within first month	<input type="text"/>
116	400	216	200
		Extension for reply within second month	<input type="text"/>
117	920	217	460
		Extension for reply within third month	<input type="text"/>
118	1,440	218	720
		Extension for reply within fourth month	<input type="text"/>
128	1,960	228	980
		Extension for reply within fifth month	<input type="text"/>
119	320	219	160
		Notice of Appeal	<input type="text"/>
120	320	220	160
		Filing a brief in support of an appeal	<input type="text"/>
121	280	221	140
		Request for oral hearing	<input type="text"/>
138	1,510	138	1,510
		Petition to institute a public use proceeding	<input type="text"/>
140	110	240	55
		Petition to revive - unavoidable	<input type="text"/>
141	1,280	241	640
		Petition to revive - unintentional	<input type="text"/>
142	1,280	242	640
		Utility issue fee (or reissue)	<input type="text"/>
143	460	243	230
		Design issue fee	<input type="text"/>
144	620	244	310
		Plant issue fee	<input type="text"/>
122	130	122	130
		Petitions to the Commissioner	<input type="text"/>
123	50	123	50
		Processing fee under 37 CFR 1.17(q)	<input type="text"/>
126	180	126	180
		Submission of Information Disclosure Stmt	<input type="text"/>
581	40	581	40
		Recording each patent assignment per property (times number of properties)	<input type="text"/>
146	740	246	370
		Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
149	740	249	370
		For each additional invention to be examined (37 CFR § 1.128(b))	<input type="text"/>
179	740	279	370
		Request for Continued Examination (RCE)	<input type="text"/>
169	900	169	900
		Request for expedited examination of a design application	<input type="text"/>
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 375.00)			

## SUBMITTED BY

## Complete if applicable

Name (Print/Type)	Mark K. Johnson	Registration No. (Attorney/Agent)	35,909	Telephone	608-238-4400
Signature				Date	05/09/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO-203X (02-2000)

Approved for use through 01/31/2003. OMB 065 1-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Name as it Appears on Credit Card: Mark K. Johnson

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Signature: 

Date: May 9, 2003

**Refund Policy:** The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

**Service Charge:** There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

**Credit Card Billing Address**

Street Address 1: Mirus Corporation

Street Address 2: 505 S. Rosa Rd.

City: Madison

State: WI

Zip/Postal Code: 53719

Country: US

Daytime Phone #: 608-238-4400

Fax #: 608-441-2849

**Request and Payment Information**

Description of Request and Payment Information: Request for Continued Examination fee for application entitled:

Intravascular Delivery of Nucleic Acid

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. 09/707,117	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. Mirus.018.02		Identify or Describe Mark	

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